

Hamilton Creek

APARTMENTS

Thank you for choosing Hamilton Creek Apartments

1) In person

Office Hours
Monday-Friday 9am-6pm

2) Fax

(614) 492-8113

3) Email

Hamilton-Creek@sbcglobal.net

Hamilton Creek



APARTMENTS

- A FORM OF STATE/GOVERNMENT ISSUED ID (18 AND OVER)**
(Driver's License, State ID, Military ID, Passport, or Permanent Resident Card)
- PROOF OF INCOME**
(Most recent paystubs (2 bi-weekly/4 weekly). *New employment may be required to bring a letter on company letterhead stating your salary and hours.*)
- SOCIAL SECURITY DOCUMENTATION**
(Social Security Cards or Certified Document from the Social Security Administration)
- APPLICATION FEE**
(Fee is \$50 per adult member. Money Orders Only)
- RENTAL HISTORY**
(Provide current landlord name, address, and phone number. Sign all Landlord Verification Sheets)
- CREDIT REFERENCE**
(Provide 2 Credit References and 2 Personal References)

****Please be sure to fill out this application entirely. Leaving blank spaces may delay the timely processing of your application.***

Applicant Email Address: _____

HAMILTON CREEK RENTAL APPLICATION



Applicant

Co-Applicant

Last Name _____ First _____ Initial _____

Last Name _____ First _____ Initial _____

Other names by which you have been known _____

Other names by which you have been known _____

Phone # _____

Phone # _____

Current Address _____

Current Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Social Security # _____

Social Security # _____

Alien Registration # _____

Alien Registration # _____

Driver's License # _____ State _____

Driver's License # _____ State _____

Date of Birth _____ Age _____

Date of Birth _____ Age _____

Marital Status: Single _____ Married _____

Marital Status: Single _____ Married _____

Widowed _____ Separated _____

Widowed _____ Separated _____

Apartment size desired: One Bedroom _____ Two Bedroom _____ Three Bedroom _____ House _____

Children's Full Names	Date of Birth	Age	Sex	Social Security #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT HISTORY

Applicant

Co-Applicant

Current Employer _____

Current Employer _____

Supervisor's Name _____

Supervisor's Name _____

Telephone # _____

Telephone # _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Job Title _____

Job Title _____

How Long? _____ Gross Weekly Income \$ _____

How Long? _____ Gross Weekly Income \$ _____

Previous Employer _____

Previous Employer _____

Supervisor's Name _____

Supervisor's Name _____

Telephone # _____

Telephone # _____

How Long? _____ Job Title _____

How Long? _____ Job Title _____

OTHER SOURCES OF INCOME & AMOUNTS

Social Security \$ _____

Supplemental Security Income \$ _____

Retirement/Pensions \$ _____

Investment Income \$ _____

Child Support Award \$ _____

Other Income \$ _____

Unemployment Compensation \$ _____

Other Income \$ _____

(OVER)

MOST RECENT RENTAL ADDRESS _____ City _____ State _____ Zip _____

Month/Year of Move In _____ Rent \$ _____ **Is your rent past due?** _____

If so, please explain: _____

Average cost of utilities: Gas \$ _____ Electric \$ _____ **Is your bill past due?** _____

If so, please explain: _____

Person's name used by Gas & Electric companies for billing: _____

Reason for moving: _____

Are you under **EVICTION?** _____ Reason for **EVICTION:** _____

Landlord _____ Telephone # of Landlord: _____

PREVIOUS RENTAL ADDRESS _____ City _____ State _____ Zip _____

Month/Year of Move In _____ Month/Year of Move Out _____ Rent \$ _____

Average cost of utilities: Gas \$ _____ Electric \$ _____ **Was your bill past due?** _____

If so, please explain: _____

Person's name used by Gas & Electric companies for billing: _____

Reason for moving: _____

Were you under **EVICTION?** _____ Reason for **EVICTION:** _____

Landlord _____ Telephone # of Landlord: _____

DO YOU OWE ANY PREVIOUS LANDLORD ANY MONEY? _____ Amount \$ _____ Please explain: _____

HAVE YOU EVER BEEN EVICTED? _____ If so, please explain: _____

CREDIT REFERENCES (If no credit references, give two unrelated personal references)

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Telephone # _____ Telephone # _____

Account # _____ Account # _____

HAVE YOU EVER DECLARED ANY FORM OF PERSONAL BANKRUPTCY? _____ If so, year _____

Reason _____

PERSONAL REFERENCES (Related) (Not Related)

Name _____ Name _____

Telephone # _____ Telephone # _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Relationship _____ How long known? _____ How long known? _____

AUTOMOBILE INFORMATION

Make _____ Model _____ Make _____ Model _____

Year _____ License # _____ Year _____ License # _____

DO YOU HAVE ANY PETS? _____ **DO YOU HAVE A WATERBED?** _____

Type of Pet _____ **PLEASE NOTE: YOU MUST HAVE INSURANCE!!**

IN CASE OF EMERGENCY PLEASE CONTACT: _____ Telephone # _____

Has any member of your household engaged in the illegal use of drugs? If yes, explain. Yes _____ No _____

Has any member of your household ever been convicted of illegal possession, manufacture, or distribution of illegal drugs or convicted of a criminal sexual offense? If yes, explain. Yes _____ No _____

Has any member of your household ever been convicted of any crime other than a minor traffic violation? If yes, explain. Yes _____ No _____

I/We hereby certify that the foregoing is true and correct to the best of our knowledge and belief, and I/We hereby authorize Showe Management Corporation to make inquiries to verify any of the statements herein and to check my/our credit. I/We understand that falsification of any information requested may result in the rejection of the application. By signing this application, I/we authorize Showe Management Corporation to use any credit reporting/screening agency to verify my/our credit history and to validate the accuracy of all information reported in this application. Further, my/our signature(s) below authorizes Showe Management Corporation and any credit reporting/screening agency to exchange credit information and access my/our credit report during the term of my/our lease and any time after lease termination in the event of a default of any obligation of the lease.

Applicant _____ Co-Applicant _____

Date of Application _____ Interviewed by: _____

Hamilton Creek

APARTMENTS

Rental Criteria

1. Applicants must be of legal age.
2. Management requires a valid state ID (i.e. license, identification card)
3. Only one (1) pet allowed: cat or dog (weight limits & fees apply)
Pet information must be supplied during application process.
4. All applicants will be evaluated based on credit history, gross monthly income, police report, and rental history.
5. Applicants must meet our minimum income requirements.
6. All applicants must show proof of monthly income.
7. Any false information made on an application will result in denial of the application.
8. A deposit is required to hold an apartment for a length not to exceed two (2) weeks.
The deposit is non-refundable if the applicant should change his/her mind and not move in to the apartment. If the applicant is denied due to the screening process, the deposit will be returned to the applicant.
9. Hamilton Creek Apartments is an **EQUAL OPPORTUNITY HOUSING PROVIDER.**

Signature of Applicant

Date

Signature of Applicant

Date

RENTAL APPLICATION ADDENDUM

PLEASE NOTE:

By signing this addendum, you are authorizing your landlord/ management agent to use any credit reporting/ screening agency to verify your credit history and to validate the accuracy of all information reported in your application. Further, your signature below authorizes your landlord/ management agent and any credit reporting/ screening agency to exchange credit information and access your credit report during the term of your lease and anytime after lease termination in the event of a default of any obligation of your lease.

_____ Applicant's Signature	_____ Date	_____ Applicant's Signature	_____ Date
_____ Applicant's Signature	_____ Date	_____ Applicant's Signature	_____ Date
_____ Applicant's Signature	_____ Date	_____ Applicant's Signature	_____ Date





Service is our *Signature*.
CREDIT REPORTING – COLLECTIONS

Rental Consent Agreement

The undersigned does hereby consent that all of the information stated on the application may be verified and processed through FABCO, PO Box 20850 Columbus, OH 43220. This may include but not limited to a rental, credit and/or criminal history report. I also authorize current and previous landlords and employers to release to FABCO any information relating to my/our rental and employment history. I hereby release all parties from any liability in connection with the provision and use of such information.

In signing this application, I/we certify all information is true and accurate to the best of my/our knowledge. If there are any misrepresentations, falsifications, or omissions discovered, it will constitute grounds for denial and forfeiture of any application fees. I also agree that all information pertaining to my/our rental history can be released for future reference verification.

Have you ever had an eviction action filed against you? Yes _____ No _____

Are you currently in or have ever filed bankruptcy? Yes _____ No _____

Have you ever been charged with a misdemeanor or felony in any state except for minor traffic violations? Yes _____ No _____

As an applicant, you have the right to make a written request within a reasonable amount of time after receipt of this disclosure, to receive additional information about the nature and scope of this investigation.

Applicant Signature

Date

Co-Applicant Signature

Date

APPLICATION FEE ACKNOWLEDGEMENT

I, _____, hereby acknowledge that the \$_____ application fee paid to _____ Apartments is non-refundable. The application fee is used to offset management expenses of processing the rental application. These expenses include obtaining the credit report, criminal record check and other fees in order to process the application. If my application is approved, I understand that the \$_____ fee will **not** be applied to my security deposit, nor will it be applied to rent due.

Applicant

Date

Applicant

Date

Applicant

Date

Applicant

Date



Community _____

Employee _____

Address _____

Social Security# _____

Telephone # _____

EMPLOYMENT AND INCOME VERIFICATION

Date: _____

To: _____

Dear Employer:

The person named above is a resident/applicant for an apartment at the above captioned community. The information requested below is for the purpose of determining eligibility and will be kept in STRICT CONFIDENCE. Thank you for your cooperation in this matter. A self-addressed postage paid envelope is enclosed for your convenience.

We would appreciate your prompt return of this notice for the benefit of your employee.

Sincerely,

Community Manager

1. Date of hire _____
2. Occupation _____
3. Present rate of pay per hour \$ _____ or day \$ _____ or week \$ _____ or month \$ _____
4. Average regular hours worked per week _____
5. Average overtime: (a) hours worked per week _____ (b) rate per overtime hour \$ _____
6. Other (tips, meals), if any, estimated amount \$ _____ per week.
7. Date of termination _____ Reason for termination _____
8. Date of layoff _____ Expected term of layoff _____

Date _____

Signature _____

Telephone # _____

Title _____

Firm _____

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Additionally, it is understood that I have the option not to sign the consent form if it does not clearly indicate who will provide the information and who will receive the information.

Resident/Applicant _____

Date _____



If possible, please return completed form via fax to: _____

Hamilton Creek APARTMENTS

Pet Questionnaire

Date: _____

Do you have a pet? Yes _____ No _____

Breed of Dog or Cat: _____

Age: _____

Color of Dog or Cat: _____

Weight: _____

Has the dog / cat ever destroyed any property? Yes _____ No _____

Is dog house broken? Yes _____ No _____

Is cat litter box trained? Yes _____ No _____

Has it ever been aggressive? Yes _____ No _____

Has it ever bit anyone? Yes _____ No _____

Does it growl at people / jump on them? Yes _____ No _____

Kept in the house when not at home? Yes _____ No _____

Kept in a cage in the house when not at home? Yes _____ No _____

Dogs must be taken to the back to do their business, and it must be cleaned up immediately.
Cat debris must be bagged and placed inside dumpsters on a regular basis.

There is an additional (non-refundable) pet fee of \$300.00 and a \$25.00 per month pet rent.

Signature

Date

Signature

Date

Hamilton Creek

APARTMENTS

SATELLITE DISH CRITERIA

Under a Federal Communications Commission (FCC) order, you as our resident have a right to install a transmitting or receiving satellite dish or antenna on the leased premises, subject to FCC limitations. We as a rental-housing owner are allowed to impose reasonable restrictions relating to such installation. You are required to comply with these restrictions as a condition of installing such equipment. In order to obtain a satellite dish you must agree to offer proof of insurance \$500,000.00 - \$1,000,000.00 which is the amount reasonably determined by us to accomplish that purpose. You must sign the satellite dish addendum, which contains the restrictions that you and we agree to and pay the additional \$300 deposit necessary to have a satellite dish.

Do you currently have satellite dish service? Yes _____ No _____
Are you planning on obtaining satellite dish service here? Yes _____ No _____

By signing this form you understand what is needed to obtain satellite dish service and agree to comply with all provisions prior to installing the satellite dish.

Signature of Applicant

Date

Signature of Applicant

Date

HAMILTON CREEK APARTMENTS

14 OAK ROAD, COLUMBUS, OHIO 43215 Ph (614) 492-8111 Fax (614) 492-8113

LANDLORD REFERENCE

DATE: _____ APPLICANT: _____
LANDLORD: _____

I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.

Signature of Applicant Date Signature of Co-Applicant Date

Current/Previous Landlord: Are you related to applicant? _____ #of persons living in unit ___ Adults ___ Children

Date of Applicant's Residence: From _____ To _____

Is/Was Applicant current on rent? _____ Amount of Rent? _____ Current Balance owed? _____

Any utilities included in rent? _____ If yes, what is included? _____ Ever disconnected? _____

Has the Applicant ever been late/NSF checks? _____ How late? _____ How often? _____

Does/Did the applicant keep the apartment clean? _____ Does/did Applicant have bed bugs? _____

Has the Applicant damaged the unit? _____ If yes, please describe _____

_____ Has the Applicant paid for damages? _____

Do you know of any criminal activity with them? _____ If yes, please explain _____

Does/did the Applicant have any pets? _____

Will you / did you keep any of the security deposit? _____

Does/Did the applicant permit people other than those on the lease to live in the unit? _____

Has the Applicant, family members, or visitors damaged or vandalized the grounds, halls, parking areas, or other common areas? _____

Does/Did the applicant interfere with the rights and quiet environment of other residents? _____ If yes, please describe: _____

Has/Did the Applicant given any false information? _____ If yes, please describe _____

If currently under a lease, will the Applicant be held to that lease? _____ Is notice required? _____

If so, how many days? _____ Was notice given prior to vacating? _____ Date given? _____

Would you rent to this Applicant again? _____ If not, why? _____

Currently under eviction? _____ Previously under eviction? _____

Any other comments about this Applicant? _____

Signature of Landlord's Agent: _____

Name of Landlord's Agent (please print): _____

Name of Apartment Community: _____

Date: _____

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Name of Landlord's Agent (please print): _____

Name of Apartment Community: _____

Date: _____

Please fax this form to 614-492-8113 or mail to Hamilton Creek Apartments, 14 Oak Road, Columbus, Ohio 43215

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